

STATEMENT OF PHYSICAL ABILITY FOR LIGHT DUTY WORK**INSTRUCTIONS AND PRIVACY ACT INFORMATION FOR APPLICANT**

Please read instructions for each section carefully before answering the questions. Type or print answers in ink. If additional details are required, use Section D. After completing this statement, be sure to sign your name and give the date in Section E. Your replies will be evaluated in terms of the particular position for which you are applying. (AT THE DISCRETION OF THE APPOINTING OFFICER, ADDITIONAL MEDICAL INFORMATION MAY BE REQUIRED.)

Solicitation of this information is authorized by Title 5 U.S.C. Section 3301, which provides for a determination as to an individual's fitness for employment with regard to age, health, and physical ability. The information will be

used in determining your eligibility for employment and, to that end may be provided to appropriate sources in order to identify you and to obtain an evaluation of your fitness and ability to perform the duties of the position for which you are applying.

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as the means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position.

IDENTIFICATION OF APPLICANT

Name (Last, First, Middle)	Birthdate (Month, Day, Year)	Social Security Number
Address (Number, Street, City, State and ZIP Code)	Title of Position Applied For	

SECTION A -- PHYSICAL LIMITATIONS

Answer each *circled* item "YES" or "NO" by placing an "X" in the proper box below. If you answer "YES" to any circled item, give additional details in Section D.

	YES	NO
1. Do you have any problem:		
(a) reading small newspaper print (glasses permitted)?		
(b) reading ordinary newspaper headlines without glasses?		
(c) seeing distant objects with either eye (glasses permitted)?		
2. Do you have difficulty in distinguishing basic colors (red, green, blue)?		
3. Do you have difficulty in distinguishing shades of colors?		
4. Do you have any hearing problem, including hearing telephone conversations (hearing aid permitted)?		
5. Do you wear a hearing aid?		
6. Do you have any speech impairment which hinders:		
(a) person-to-person conversation?		
(b) telephone conversation?		
(c) talking to groups of people?		
7. Do you have an amputation or abnormality of a leg, foot, arm, hand, and/or finger?		
8. Do you have difficulty in using arms, hands, or fingers for reaching in any direction, grasping, handling, or fingering?		
9. Do you have any disease or disability which would make your employment in light duty work a hazard to yourself or others?		

SECTION B -- PHYSICAL ENDURANCE FACTORS

Answer each *circled* item "YES" or "NO" by placing an "X" in the proper box to show your physical ability to carry out the listed activities during each work day. If you answer "NO" to any item, give additional details in Section D.

DURING THE WORK DAY ARE YOU PHYSICALLY ABLE TO PERFORM ACTIVITIES INVOLVING:

	YES	NO
1. Sitting for long periods of time?		
2. Standing for long periods of time?		
3. Some walking on flat surfaces, slight inclines, and occasionally climbing stairs?		
4. Frequent walking and/or climbing of stairs or steep inclines?		
5. Occasional pushing and pulling motions as needed? (For example, opening and closing doors, drawers, etc.)		
6. Frequent pushing and pulling motions? (For example, frequent opening and closing file drawers)		
7. Occasional bending, stooping, and crouching? (For example, reaching the bottom shelf of a supply cabinet)		
8. Frequent bending, stooping, and crouching? (For example, frequently opening and closing lower file drawers)		
9. Occasionally lifting objects weighing up to 10-12 lbs. and frequently carrying lightweight items? (For example, ledgers, dockets, or lightweight equipment)		
10. Occasionally lifting objects weighing up to 20-25 lbs. and frequently carrying objects weighing up to 10-12 lbs.?		

(CONTINUED ON REVERSE SIDE)

SECTION C -- ENVIRONMENTAL FACTORS

Some positions may involve unusual work conditions or working outside. Answer each *circled* item "YES" or "NO" by placing an "X" in the proper box. If you answer "NO" to any circled item give additional details in Section D.

Can you work under the following conditions:

	YES	NO		YES	NO
1. Outside (frequently) _ _ _ _ _			10. Some exposure to fumes, smoke, or gases _ _ _ _ _		
2. Severe heat _ _ _ _ _			11. Some contact with solvents, greases, and oils _ _ _ _ _		
3. Severe cold _ _ _ _ _			12. Occasional walking over rough terrain _ _ _ _ _		
4. Severe humidity _ _ _ _ _			13. Some climbing of short ladders (For example, to reach upper supply shelves) _ _ _ _ _		
5. Severe dampness or chilling _ _ _ _ _			14. Working below ground surface _ _ _ _ _		
6. Dry atmospheric conditions _ _ _ _ _			15. Working alone _ _ _ _ _		
7. Severe noise _ _ _ _ _			16. Occasional travel _ _ _ _ _		
8. Constant noise _ _ _ _ _			17. Frequent travel _ _ _ _ _		
9. Dusty atmospheres _ _ _ _ _					

SECTION D -- ADDITIONAL DETAILS

This space is for detailed answers to Sections A, B, and C. (Give item No. & Section letter)

Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	
Item No.	

IF YOU NEED MORE SPACE, ATTACH ADDITIONAL SHEETS

SECTION E -- CERTIFICATION BY APPLICANT

I CERTIFY that all the information I have furnished is correct to the best of my knowledge and belief.

Applicant's Signature

Date Signed (Month, Day, Year)

SECTION F -- FOR AGENCY USE ONLY

1. Position To Which Applicant Assigned	2. Other Action Taken	3. Date (Month, Day, Year)
4. Signature of Appointing Officer	5. Official Title	
6. Department or Agency	7. Address of Agency	